

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Thomas Myers 481256
(Name of Plaintiff) (Inmate Number)

1181 Paddock Rd Smyrna
(Complete Address with zip code) 19777

(2) _____
(Name of Plaintiff) (Inmate Number)

(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correctional Med SVC et al
(2) Gov Ruth A. Minner et al
(3) Carl Danberg et al.
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

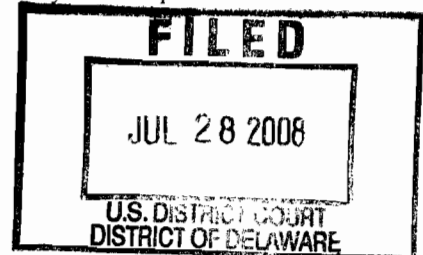
I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NA

CIVIL COMPLAINT

• • Jury Trial Requested



BD scanned
IFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take? Followed through with med grievances and letters to staff
2. What was the result? Neglect and total circumvention of care, severe indifference to pain and suffering

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Correctional medical SVCS. et. al
 Employed as Provider at Smyrna, DE
 Mailing address with zip code: 1201 College Park Dr
Dover, DE 19904 #101

(2) Name of second defendant: Gov Ryth A. Minner et. al
 Employed as Governor at Dover, DE
 Mailing address with zip code: 1 W. penn st
Dover, DE 19901

(3) Name of third defendant: Carl Danberg et. al
 Employed as Commissioner at Dept. of Corr.
 Mailing address with zip code: 245 McKee Rd
Dover, DE 19901

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Correctional medical SVCS. For ①
year have repeatedly ignored
Plaintiff symptoms denied access
to specialty care, refused needed
Pain medication, and administered meds
incompetently. Plaintiff had meds stopped
2. Gov Ruth A. Minner as Governor
of the state of Delaware has been
privy to all of the negotiations,
and resolutions for poor care leading
to fatalities and has allowed C.M.S to
3. Continue providing SVCS.

Carl Danberg as incoming Commissioner
in 2006 signed off on and agreed to
points all of which are not corrected

V. RELIEF

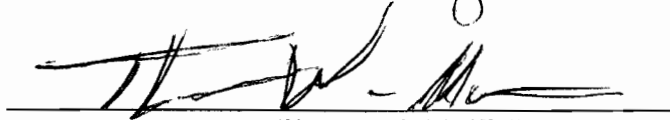
(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Plaintiff wishes the Court to find
and award damages for prolonged
periods of severe pain with no
medication, tests, or at the
very least access to a "physician
when needed. Correctional medical
will also provide the needed tests and
provide proper medication always
the correct, and dose. This medical
conduct has existed during all of Commissioner
Danbergs Authority

2. Gov Ruth A. Miner has presided over a period of time when outside oversight (including Fed) was called for, she should order the Dept of Corr. to inspect for compliance within 90 days.

3. The Dept. of Corrections will be ordered to prove compliance with all points signed Dec, 2006 and be ordered to pay damages to plaintiff for pain + suffering by knowingly contracting the services of C.M.S After
I declare under penalty of perjury that the foregoing is true and correct. the Dec 2006 Finding

Signed this 11th day of July, 2008.


(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Certificate of Service

I, Thomas W. Myers, hereby certify that I have served a true
and correct copy(ies) of the attached: Civil Complaint - Action
_____ upon the following

parties/person (s):

TO: Tracey Wilkins
Correctional Medical
101 College Park Dr.
Unit 101
Dover, DE
19904

TO: Carl Danberg et. al.
245 McKee Rd
Dover, DE
19901

TO: Gov. Ruth A. Minner
1 W. Penn St
Dover, DE
19901

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977.

On this _____ day of _____, 2008

1/M: J. Myers
SBI# 481256 UNIT MH422
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



Clerk
U.S. District Court
Lockbox 18
844 N. King St
Wilm, DE 19801